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J. Matthew Zigmant
Typed or printed name of person signing Certificate

In re: application of: Yannis Tsivdis
Application Number: 10/784,613
Filed: 02/23/2004
Title: Power Dissipation Reduction in Wireless Transceivers
Atty Docket Number: 021673-000210US JMZ

Being faxed to Examiner Vuong, Quochien B., at facsimile number
1-703-872-9306 are the following documents:

1. This PTO/SB/97 Certificate of Transmission (1 page);
2. PTO/SB/21 - Transmittal Form (1 page);
3. PTO/SB/22 Petition for Extension of Time (1 page submitted in duplicate); and
4. Amendment (10 pages).

Number of pages being transmitted: 14

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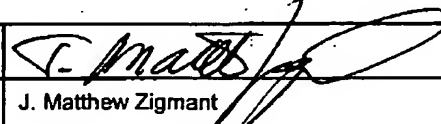
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PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/784,613	
	Filing Date	February 23, 2004	
	First Named Inventor	Tsivdis, Yannis	
	Art Unit	2685	
	Examiner Name	Vuong, Quochien B.	
Total Number of Pages in This Submission	14	Attorney Docket Number	021673-000210US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (10 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax coversheet (1 page); and This transmittal (1 page).
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	J. Matthew Zigmant		
Date	July 5, 2005	Reg. No.	44,005

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